

**CALIFORNIA BOARD OF PODIATRIC MEDICINE  
BOARD MEETING  
June 7, 2019**

**SUBJECT: LICENSING PROGRAM REPORT**

**ACTION: RECEIVE LICENSING PROGRAM REPORT**

**V A1-2**

**Committee Members:**  
Judith Manzi, DPM, Chair  
Maria Cadenas, MBA

**RECOMMENDATION**

Receive and file the status update report on Licensing Unit activity.

**ISSUE**

This status report highlights key statistics of BPM's Licensing Unit and other licensing activity of note since last reported at the March 1, 2019 meeting of the Board.

**DISCUSSION**

The following data below lists current and up to date information for all licensing statistics, including new licenses and renewals.

**1. Licensing Statistics**

The following Licensing Report reflects a current capture of licensing statistics including new licenses and renewals during FY 18/19 Quarter 3 running from January 1, 2019, through March 31, 2019.

**Licensing Statistics – New Licenses Issued, Year Over Year Comparison**

This report provides a comparison of BPM licenses that have been issued during the three previous fiscal years for: 15/16, 16/17, 17/18 and those issued to date for FY 18/19. In FY 15/16, 80 permanent licenses were issued; FY 16/17, 75 permanent licenses; FY 17/18, 100 permanent licenses; FY 18/19, 61 permanent licenses to date. For a grand total of 316 newly licensed DPMs in the last four fiscal years. A comparison of gender, age and incoming to outgoing DPMs is provided for review. The categories for the outgoing licensee population include: retired, inactive, disabled and \*canceled licenses.

*\*License cancels after 3 years of non-renewal.*

A breakdown of licensing data includes the number of initial applications received that are currently pending. Of the 32 pending applications, four candidates recently completed their package.

Currently in fiscal year 18/19, BPM had 17 of its applicants come from out of state, 20 were third year residents from California and 24 were third year residents from an out of state program. (Attachment A)

### **Licensing Statistics - Renewal Data and Renewal Data Breakdown**

This report provides an overview of license renewal data for FY 18/19 for which full reporting data is available and running from January – March 2019. In the month of January, 94 license renewals were mailed with 88 licenses renewed by the end of the month. During the month of February, 96 renewals were mailed with a total of 92 licenses renewed, and March had 88 license renewals mailed with 79 licenses renewed by the end of the month. For licentiates that did not comply with renewal requirements, Delinquent Renewal Notices were mailed to all pending renewals 30 days after license expiration.

License renewal data is broken down to include those that have filed for a Retired, Military, Disabled or Inactive modifier. Also included is the number of licensees in Delinquent status in addition to those whose status has changed from Active to Canceled, Revoked, Surrendered or Reinstated. (Attachment B)

### **Licensing Statistics – Residents**

This report reflects the resident licensee base to date. The resident academic year started on July 1, 2018 and will end on June 30, 2019. BPM currently has 39 first year residents; 39 second year residents; and 43 third year residents, bringing our resident license total count to 123. Resident data includes the number of third year residents that currently hold or are applying for a permanent license. (Attachment C)

## **2. BPM Calendar (June – August 2019)**

Provided for committee planning purposes and review is a 3-month timeline to enhance committee awareness for pertinent dates and approaching deadlines. (Attachment D)

### **NEXT STEPS**

Staff will continue to maintain the Licensing Program by remaining current with processing applications, performing operations without backlog, and responding to specific inquiries from consumers, licensees and stakeholders on a daily basis.

## **ATTACHMENTS**

- A. Licensing Statistics – New Licenses Issued (Year/Year Comparison)
- B. Licensing Statistics – Renewal Data Quarter 3 (January – March 2019)
- C. Licensing Statistics – Residents
- D. BPM Calendar (June – August 2019)

Prepared by: Andreia Damian, Licensing Unit Coordinator



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Andreia Damian  
Licensing Unit Coordinator



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Brian Naslund  
Executive Officer

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**Board of Podiatric Medicine**  
**Licensing Statistics - New Licenses Issued**  
**Year over Year Comparison**

<b>New Licenses Issued by Fiscal Year</b>					
	FY 15/16	FY 16/17	FY 17/18	FY 18/19	
July	7	6	11	12	
August	2	4	7	5	
September	3	4	1	9	
October	2	4	8	4	
November	2	2	7	5	
December	6	2	8	6	
January	4	6	8	5	
February	11	2	6	6	
March	5	13	11	9	
April	1	8	11		
May	21	9	16		
June	16	15	6		
<b>New Licenses Issued by Fiscal Year</b>	<b>80</b>	<b>75</b>	<b>100</b>	<b>61</b>	

**Current / Active License Total**

	FY 15/16	FY 16/17	FY 17/18	FY 18/19 (Jan – Mar)
Current / Active Licenses by Fiscal Year	2023	2191	2182	2227

**Initial License Application Pending Total**

	Incomplete	Completed	Total to date
Initial License Application Pending	28	4	32

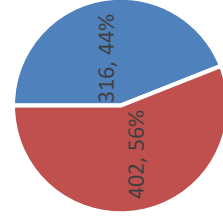
**Board of Podiatric Medicine**  
**Licensing Statistics - New Licenses Issued**  
**Year over Year Comparison**

**Breakdown of Initial Application Categories**

	Out of State	CA 3 <sup>rd</sup> Year Residents	Out of State 3 <sup>rd</sup> Year Residents	Total DPMs Licensed in CA
Initial Application Categories for FY 15/16	22	30	28	80
Initial Application Categories for FY 16/17	21	29	25	75
Initial Application Categories for FY 17/18	31	32	37	100
Initial Application Categories for FY 18/19	17	20	24	61

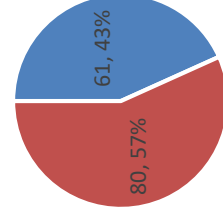
**Incoming / Outgoing Licensees**

Incoming to Outgoing Licensees  
(Last 4 Fiscal Years)



■ Incoming Licensees ■ Outgoing Licensees

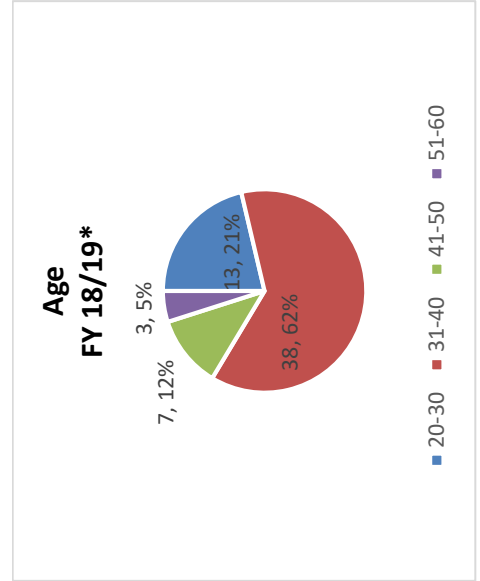
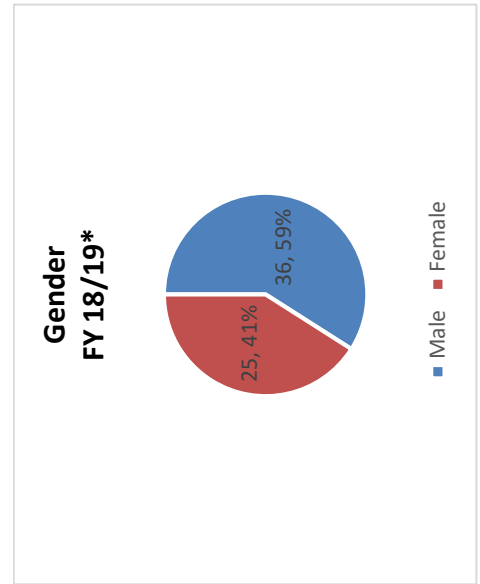
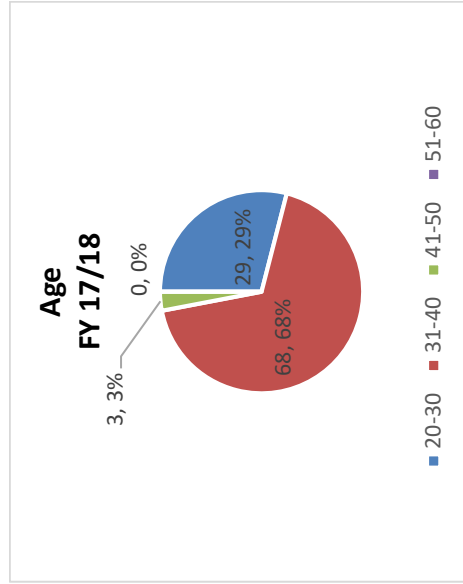
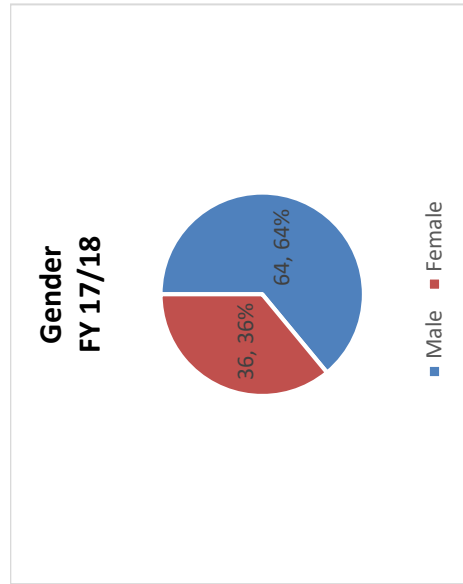
Incoming to Outgoing Licensees  
(FY 18/19)



■ Incoming Licensees ■ Outgoing Licensees

**Board of Podiatric Medicine**  
**Licensing Statistics - New Licenses Issued**  
**Year over Year Comparison**

**Newly Licensed DPMs** (FY 17/18 complete, \*FY 18/19 in progress)



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**Board of Podiatric Medicine**  
**Licensing Statistics – Renewal Data**  
**Quarter 2 Report (January – March 2019)**

**Renewal Data**

	Renewals Sent	Renewed	Delinquent Retired status	Delinquent Disabled status	Delinquent Current/Active status	Delinquent Total
January	94	88	1	0	5	6
February	96	92	0	0	4	4
March	88	79	1	1	7	9
Total	278	259	2	1	16	19

**Renewal Data Breakdown**

	Jan – Mar 2019
Renewed – Current	259
Renewed – Disabled	5
Renewed – Military	2
Renewed – Retired	21
Renewed – Inactive	4
Cancelled	9
Revoked	0
Surrendered	2
Reinstated	0

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**Board of Podiatric Medicine**  
**Licensing Statistics – Residents**  
**Quarter 3 Report (Year over Year Comparison)**

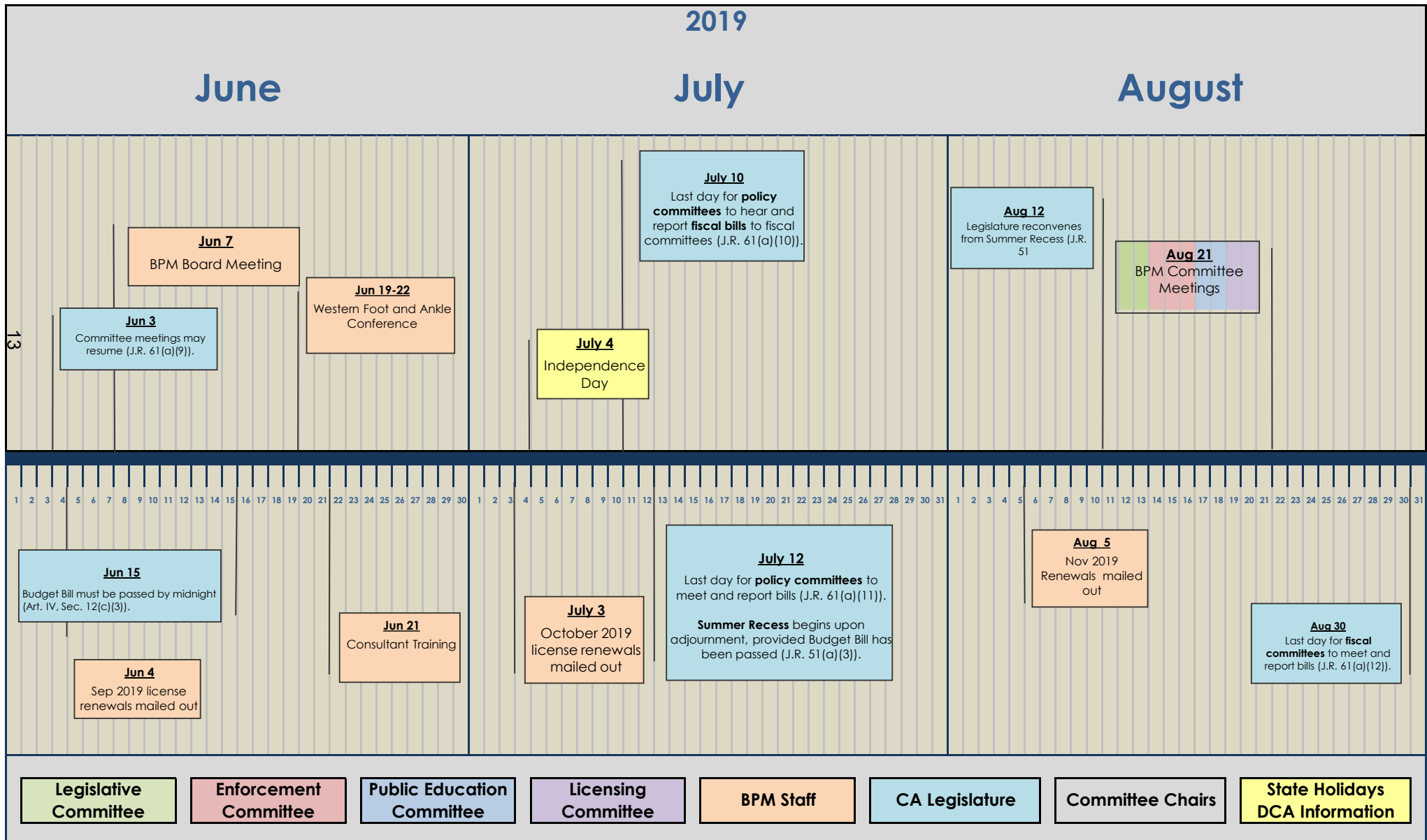
<b>Resident Licenses</b>				
	Resident Academic Period July 1, 2015 – June 30, 2016 FY 15/16	Resident Academic Period July 1, 2016 – June 30, 2017 FY 16/17	Resident Academic Period July 1, 2017 – June 30, 2018 FY 17/18	Resident Academic Period July 1, 2018 – June 30, 2019 FY 18/19
1 <sup>st</sup> Year Resident	37	37	39	39
2 <sup>nd</sup> Year Resident	40	37	41	39
3 <sup>rd</sup> Year Resident	41	41	41	43
3 <sup>rd</sup> Year Resident Rotation	1	3	2	2

<b>Totals</b>				
	Resident Academic Period July 1, 2015 – June 30, 2016 FY 15/16	Resident Academic Period July 1, 2016 – June 30, 2017 FY 16/17	Resident Academic Period July 1, 2017 – June 30, 2018 FY 17/18	Resident Academic Period July 1, 2018 – June 30, 2019 FY 18/19
Total Resident Licenses	119	118	123	123

<b>Resident / Permanent Licenses</b>			
CA 3 <sup>rd</sup> Year Residents that are applying for or have obtained a Permanent License by Fiscal Year	Currently in Applicant Status	Permanent Licenses Issued	
<b>FY 15/16</b>	1		33
<b>FY 16/17</b>	0		34
<b>FY 17/18</b>	0		33
<b>FY 18/19</b>	12		20

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# BPM Calendar



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**CALIFORNIA BOARD OF PODIATRIC MEDICINE  
BOARD MEETING  
June 7, 2019**

**SUBJECT: DISCUSSION AND POSSIBLE ACTION OF RECOMMENDATION  
FOR APPROVAL OF CALIFORNIA PODIATRIC RESIDENCY  
PROGRAMS FOR ACADEMIC YEAR 2019-2020**

**V A3**

**ACTION: REVIEW AND APPROVE QUALIFYING RESIDENCY PROGRAMS**

**RECOMMENDATION**

Review and approve qualifying California residency programs.

**ISSUE**

19 separate California Post-graduate clinical training programs seek approval of applications of residency programs offered for the 2019-2020 academic year.

**DISCUSSION**

Section 2475.2 of the California Business and Professions Code (the “Code”) defines podiatric residencies as post-graduate clinical training programs that are supervised and last one or more years in duration. These clinical training programs offer graduates of colleges or schools of podiatric medicine the opportunity and expectation to function as members of the health care team and gain hands-on medical and surgical training and experience in patient management in addition to structured learning in the diagnosis, treatment and care of podiatric pathology.

As part of the Board of Podiatric Medicine’s (“BPM”) licensing initiative that is unique to California, the Board requires a Podiatric Resident’s License for all post-graduate clinical training participants and requires successful completion of at least two years of podiatric medical and surgical residency before a certificate to practice podiatric medicine may be issued.

As part of the effort to ensure the quality of post-graduate clinical training in California, BPM is legislatively required to approve podiatric residencies in the state under section 2475.3 of the Code for applicants or those individuals that have been issued a resident license to practice podiatric medicine.

Accordingly, consistent with stated requirements contained in section 1399.667 of the Podiatric Medicine Regulations, the Board may approve a podiatric residency provided that the program:

- 1) reasonably conforms with the Accreditation Council for Graduate Medical Education's Institutional Requirements of the Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements;
- 2) is approved by the Council on Podiatric Medical Education;
- 3) has a designated Director of Medical Education;
- 4) provides emergency medical training through emergency room rotations;
- 5) measures and evaluates the progress of participants;
- 6) measures and evaluates program effectiveness; and
- 7) has a minimum 75% resident pass rate on Part III of the National Board of Podiatric Medical Exam (the "Nat'l Boards") within the last five-year period.

Residency programs falling below the required minimum 75% passage rate on Part III of the Nat'l Boards may nevertheless be granted program approval if it is determined after inspection by the Board's site visit team or a review of reports submitted by the program that the program demonstrates reasonable conformance with all applicable requirements. Accordingly, the BPM Licensing Committee may in its discretion recommend approval of the applications for a vote by the full Board

The applicable BPM statutes and regulations are attached for Board reference in addition to submitted applications for Board review.

### **FINANCIAL IMPACT**

Approval of this item will not have a financial impact on BPM's FY 19/20 Budget.

### **POLICY IMPLICATIONS**

Board action is consistent with BPM's mandate for approval of post-graduate medical education for ensuring the quality of post-graduate clinical training in California as provided in:

- 1) Section 2475.3 of the California Business and Professions Code; and
- 2) Section 1399.667 of the Podiatric Medicine Regulations.



## **NEXT STEPS**

With Committee approval, staff will forward program applications with corresponding recommendations to the full Board for consideration at the June 7, 2019 meeting.

## **ATTACHMENTS**

- A. Section 2475.3 of the California Business and Professions Code
- B. Section 1399.667 of the Podiatric Medicine Regulations.
- C. Applications for Approval of Residency Programs in California
  - 1. Cedars-Sinai Medical Center – Los Angeles, CA
  - 2. Chino Valley Medical Center – Chino, CA
  - 3. Department of Veterans Affairs Greater Los Angeles – Los Angeles, CA
  - 4. Department of Veterans Affairs San Francisco– San Francisco, CA
  - 5. Department of Veterans Affairs Palo Alto – Palo Alto, CA
  - 6. Department of Veterans Affairs Jerry L. Pettis– Loma Linda, CA
  - 7. Fountain Valley Regional Hospital – Fountain Valley, CA
  - 8. Kaiser Permanente – Oakland and San Francisco, CA
  - 9. Kaiser Permanente – Sacramento, CA
  - 10. Kaiser Permanente – Santa Clara, CA
  - 11. Kaiser Permanente – Vallejo, CA
  - 12. Lakewood Regional Medical Center – Lakewood, CA
  - 13. Long Beach Memorial Medical Center – Long Beach, CA
  - 14. Dignity Health – St. Mary's Medical Center – San Francisco, CA
  - 15. Scripps Mercy Hospital – San Diego, CA
  - 16. Scripps Memorial Hospital – Encinitas, CA
  - 17. Silver Lake Medical Center – Los Angeles, CA
  - 18. West Covina Medical Center – West Covina, CA
  - 19. White Memorial Medical Center – Los Angeles, CA

Prepared by: Andreia Damian, Licensing Unit Coordinator



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Andreia Damian  
Licensing Unit Coordinator



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Brian K. Naslund  
Executive Officer

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**State of California**

**BUSINESS AND PROFESSIONS CODE**

**Section 2475.3**

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2475.3. (a) The board shall approve podiatric residency programs, as defined in Section 2475.2, in the field of podiatric medicine, for persons who are applicants for or have been issued a certificate to practice podiatric medicine pursuant to this article.

(b) The board may only approve a podiatric residency that it determines meets all of the following requirements:

(1) Reasonably conforms with the Accreditation Council for Graduate Medical Education's Institutional Requirements of the Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements.

(2) Is approved by the Council on Podiatric Medical Education.

(3) Complies with the requirements of this state.

(Amended by Stats. 2003, Ch. 586, Sec. 1. Effective January 1, 2004.)

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## DIVISION 13.9

**BOARD OF PODIATRIC MEDICINE OF THE  
MEDICAL BOARD OF CALIFORNIA****1399.667. Postgraduate Medical Education.**

Podiatric medical residencies approved by the board in accordance with Section 2484 of the code shall be those that meet the minimum requirements set by the Council on Podiatric Medical Education, have designated a Director of Medical Education, provide emergency medical training through emergency room rotations, measure and evaluate the progress of participants and program effectiveness, have at least a seventy-five per cent pass rate for residents taking the Part III exam of the National Board of Podiatric Medical Examiners within the most recent five-year period, and, in the board's determination, reasonably conform with the Accreditation Council for Graduate Medical Education's Institutional Requirements of the Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements, as revised effective September 1998, which are incorporated by reference in their entirety. Reasonable conformance means that, in applying such requirements, the podiatric medical equivalent should be substituted for references made to general medicine, as appropriate. For example, in regard to resident eligibility and selection, references to "graduates of medical schools accredited by the Liaison Committee on Medical Education" should be interpreted as graduates of podiatric medical schools accredited by the Council on Podiatric Medical Education and approved by the California Board of Podiatric Medicine.

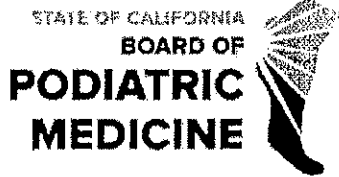
If a residency program falls below the specified seventy-five per cent pass rate, the board may grant the program approval if it determines after review of reports submitted by the program or the board's own site visit team that the program is in reasonable conformance with all applicable requirements.

NOTE: Authority cited: Sections 2015, 2018 and 2470, Business and Professions Code.  
Reference cited: Sections 2475, 2475.3 and 2484, Business and Professions Code.

**HISTORY:**

1. Renumbering of Section 1366.8 to Section 1399.667 filed 12-7-79; effective thirtieth day thereafter (Register 79, No. 49).
2. Amendment filed 8-4-83; effective thirtieth day thereafter (Register 83, No. 32).
3. Change without regulatory effect (Register 87, No. 15).
4. Amendment of section and NOTE filed 12-11-95; operative 1-10-96 (Register 95, No. 50).
5. Amendment of first paragraph, new subsection (b) and amendment of Note filed 8-21-98; operative 9-20-98 (Register 98, No. 34).
6. Amendment of first paragraph filed 11-7-2000; operative 12-7-2000 (Register 2000, No. 45).
7. Amendment of section heading and section filed 11-12-2003; operative 12-12-2003 (Register 2003, No. 46).

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Edmund G. Brown Jr.  
Governor

**Application for Approval  
Residency Programs in California  
Academic Year 2019-2020**

BPM 1599222 PM 11/15/19

**Please complete the application and return to our office no later than May 1, 2019.**

If your institution offers more than one type of podiatric residency program, please use a separate application for each program. The Board will not issue a Resident's License to any resident participating in an institution's residency program until the residency program application has been submitted and approved by the Board and the resident has met all necessary requirements. Unlicensed residents participating in programs that are not approved by BPM may subject the institution to a Citation and Fine.

<b>Sponsoring Facility:</b> Cedars-Sinai Medical Center			
<b>Address:</b> 8700 Beverly Blvd. Los Angeles, CA 90048			
<b>Phone:</b> (310) 423-5000		<b>Email:</b> Towerpodiatry@gmail.com	
<b>Residency Program Type:</b>	<input type="checkbox"/> PMSR – Podiatric Medicine and Surgery Residency		
	<input checked="" type="checkbox"/> PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle		
<b>Does the Sponsoring Facility:</b>			Yes      No
(a) Meet the general (institutional) requirements of the ACGME?			X
(b) Have a Director of Medical Education?			X
(c) Provide residents emergency medical training through ER rotations?			X
(d) Measure & evaluate progress of residents?			X
(e) Measure & evaluate program effectiveness?			X
<b>Approved by the Council on Podiatric Medical Education?</b>			X
<b>Date of Last CPME site visit:</b> April 29, 2019			
<b>Signatures:</b>			
<b>Program Director:</b>			
<b>Printed Name:</b> Benham David Massaband, DPM			
<b>Date:</b> April 19, 2019		<b>Phone:</b> (310) 657-2828	
<b>Email:</b> bmassaband@gmail.com			
<b>Director of Medical Education:</b>			
<b>Printed Name:</b> Mark S. Noah, MD			
<b>Date:</b> April 19, 2019		<b>Phone:</b> (310) 423-4226	
<b>Email:</b> Mark.Noah@cshs.org			
<b>Facility / Hospital Administrator:</b>			
<b>Printed Name:</b> Betsy McGaughey, EdD, MS			
<b>Date:</b> April 19, 2019		<b>Phone:</b> (310) 423-5711	
<b>Email:</b> betsy.mcgaughey@cshs.org			



Edmund G. Brown Jr.  
Governor

## Application for Approval Residency Programs in California Academic Year 2019-2020

**Please complete the application and return to our office no later than May 1, 2019.**

If your institution offers more than one type of podiatric residency program, please use a separate application for each program. The Board will not issue a Resident's License to any resident participating in an institution's residency program until the residency program application has been submitted and approved by the Board and the resident has met all necessary requirements. Unlicensed residents participating in programs that are not approved by BPM may subject the institution to a Citation and Fine.

<b>Sponsoring Facility:</b> Chino Valley Medical Center		
<b>Address:</b> 5451 Walnut Avenue, Chino, CA, 91710		
<b>Phone:</b> 909-464-8600	<b>Email:</b> jarrod0517@gmail.com	
<b>Residency Program Type:</b>	<input type="checkbox"/> PMSR – Podiatric Medicine and Surgery Residency	
	<input checked="" type="checkbox"/> PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
<b>Does the Sponsoring Facility:</b>	Yes	No
(a) Meet the general (institutional) requirements of the ACGME?	✓	
(b) Have a Director of Medical Education?	✓	
(c) Provide residents emergency medical training through ER rotations?	✓	
(d) Measure & evaluate progress of residents?	✓	
(e) Measure & evaluate program effectiveness?	✓	
<b>Approved by the Council on Podiatric Medical Education?</b>	✓	
<b>Date of Last CPME site visit:</b> November 10, 2017		
<b>Signatures:</b>		
<b>Program Director:</b> <i>Jarrod Shapiro, DPM</i>		
<b>Printed Name:</b> Jarrod Shapiro, DPM		
<b>Date:</b> 4/3/19	<b>Phone:</b> 909-706-3892	<b>Email:</b> jarrod0517@gmail.com
<b>Director of Medical Education:</b> <i>S. Bhatia</i>		
<b>Printed Name:</b> SUNNIL BHATIA, MD MEd.		
<b>Date:</b> 4/10/19	<b>Phone:</b> 818-528-1200	<b>Email:</b> sbhatia@primehealthcare.com
<b>Facility / Hospital Administrator:</b> <i>Tim Moran</i>		
<b>Printed Name:</b> Tim Moran, CEO		
<b>Date:</b> 4/10/19	<b>Phone:</b>	<b>Email:</b>



STATE OF CALIFORNIA  
BOARD OF  
**PODIATRIC  
MEDICINE**



Edmund G. Brown Jr.  
Governor

**Application for Approval  
Residency Programs in California  
Academic Year 2019-2020**

BPM (1589) 10/10/18

**Please complete the application and return to our office no later than May 1, 2019.**

If your institution offers more than one type of podiatric residency program, please use a separate application for each program. The Board will not issue a Resident's License to any resident participating in an institution's residency program until the residency program application has been submitted and approved by the Board and the resident has met all necessary requirements. Unlicensed residents participating in programs that are not approved by BPM may subject the institution to a Citation and Fine.

<b>Sponsoring Facility:</b> DVA Greater Los Angeles		
<b>Address:</b> 11201 Wilshire Blvd Dept. of Surgery 10H2 Los Angeles CA 90073		
<b>Phone:</b> 310 268 3544	<b>Email:</b> DAVID.AMUGST@VA.GOV	
<b>Residency Program Type:</b>	<input checked="" type="checkbox"/> PMSR - Podiatric Medicine and Surgery Residency <input checked="" type="checkbox"/> PMSR / RRA - Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
<b>Does the Sponsoring Facility:</b>	Yes	No
(a) Meet the general (institutional) requirements of the ACGME? CPME	<input checked="" type="checkbox"/>	
(b) Have a Director of Medical Education?	<input checked="" type="checkbox"/>	
(c) Provide residents emergency medical training through ER rotations?	<input checked="" type="checkbox"/>	
(d) Measure & evaluate progress of residents?	<input checked="" type="checkbox"/>	
(e) Measure & evaluate program effectiveness?	<input checked="" type="checkbox"/>	
<b>Approved by the Council on Podiatric Medical Education?</b> <input checked="" type="checkbox"/>		
<b>Date of Last CPME site visit:</b> 2014		
<b>Signatures:</b>		
<b>Program Director:</b> DAVID S. AMUGST		
<b>Printed Name:</b>		
<b>Date:</b> 4/12/19	<b>Phone:</b> 310 268 3510	<b>Email:</b> DAVID.AMUGST@VA.GOV
<b>Director of Medical Education:</b>		
<b>Printed Name:</b> Arthur H. Friedlander, DMD		
<b>Date:</b> 4/12/19	<b>Phone:</b> 310 268 3196	<b>Email:</b> arthur.friedlander@va.gov
<b>Facility / Hospital Administrator:</b>		
<b>Printed Name:</b>		
<b>Date:</b>	<b>Phone:</b>	<b>Email:</b>

## ATTACHMENT C



Edmund G. Brown Jr.  
Governor

Application for Approval  
Residency Programs in California  
Academic Year 2019-2020

Please complete the application and return to our office no later than May 1, 2019.

If your institution offers more than one type of podiatric residency program, please use a separate application for each program. The Board will not issue a Resident's License to any resident participating in an institution's residency program until the residency program application has been submitted and approved by the Board and the resident has met all necessary requirements. Unlicensed residents participating in programs that are not approved by BPM may subject the institution to a Citation and Fine.

Sponsoring Facility: DVA - San Francisco		
Address: 4150 Clement Street San Francisco, CA 94121		
Phone: 415-221-4810 ext 23511 Email: arman.kirakosian@va.gov		
Residency Program Type:	PMSR - Podiatric Medicine and Surgery Residency	
	PMSR / RRA - Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
Does the Sponsoring Facility:	Yes	No
(a) Meet the general (institutional) requirements of the ACGME?	✓	
(b) Have a Director of Medical Education?	✓	
(c) Provide residents emergency medical training through ER rotations?	✓	
(d) Measure & evaluate progress of residents?	✓	
(e) Measure & evaluate program effectiveness?	✓	
Approved by the Council on Podiatric Medical Education?	✓	
Date of Last CPME site visit: 3/10/2016		
Signatures:		
Program Director: Arman Kirakosian		
Printed Name: Arman Kirakosian, DPM		
Date: 4/17/19	Phone: 415-221-4810 23682	Email: arman.kirakosian@va.gov
Director of Medical Education: Rebecca Shunk		
Printed Name: Rebecca Shunk		
Date: 4/29/19	Phone: 415 221 4810 x 2487	Email: Rebecca.Shunk@va.gov
Facility / Hospital Administrator: Bonnie Graham		
Printed Name: Bonnie Graham		
Date: 4/30/19	Phone: 415-750-2041	Email: bonnie.graham@va.gov

2005 Evergreen Street, Suite 1300 | Sacramento, CA 95815-3831 | P (916) 263-2647 | F (916) 263-2651

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Edmund G. Brown Jr.  
Governor

## Application for Approval Residency Programs in California Academic Year 2019-2020

**Please complete the application and return to our office no later than May 1, 2019.**

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<b>Sponsoring Facility:</b> VA Palo Alto Healthcare System			
<b>Address:</b> 3801 Miranda Avenue Palo Alto, CA 94304			
<b>Phone:</b> 650-493-5000 ext 67524		<b>Email:</b> chatra.klaisri@va.gov	
<b>Residency Program Type:</b>	<input type="checkbox"/> PMSR – Podiatric Medicine and Surgery Residency		
	<input checked="" type="checkbox"/> PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle		
<b>Does the Sponsoring Facility:</b>			Yes      No
(a) Meet the general (institutional) requirements of the ACGME?			X
(b) Have a Director of Medical Education?			X
(c) Provide residents emergency medical training through ER rotations?			X
(d) Measure & evaluate progress of residents?			X
(e) Measure & evaluate program effectiveness?			X
<b>Approved by the Council on Podiatric Medical Education?</b>			X
<b>Date of Last CPME site visit:</b> 10/7/2016			
<b>Signatures:</b>			
<b>Program Director:</b>			
<b>Printed Name:</b> Chatra Klaisri			
<b>Date:</b> 4/8/19	<b>Phone:</b> 650-493-5000 ext 65377		<b>Email:</b> chatra.klaisri@va.gov
<b>Director of Medical Education:</b>			
<b>Printed Name:</b> John Pollard ACOS/Education			
<b>Date:</b> 4/18/19	<b>Phone:</b> 650 493-5000 x 64215		<b>Email:</b> John.Pollard@va.gov
<b>Facility / Hospital Administrator:</b>			
<b>Printed Name:</b> Thomas J Fitzgerald #1			
<b>Date:</b> 4-19-19	<b>Phone:</b> 650 493-5000 x 65409		<b>Email:</b>

STATE OF CALIFORNIA  
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**PODIATRIC  
MEDICINE**



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**Application for Approval  
Residency Programs in California  
Academic Year 2019-2020**

BPM 12184 6 27/382

**Please complete the application and return to our office no later than May 1, 2019.**

If your institution offers more than one type of podiatric residency program, please use a separate application for each program. The Board will not issue a Resident's License to any resident participating in an institution's residency program until the residency program application has been submitted and approved by the Board and the resident has met all necessary requirements. Unlicensed residents participating in programs that are not approved by BPM may subject the institution to a Citation and Fine.

Sponsoring Facility: <u>VA LOMA LINDA</u>		
Address: <u>11201 Benton ST 1126 LOMA LINDA CA 92357</u>		
Phone: <u>909-825-7084 x103</u>		Email: <u>Brian.Mills@VA.GOV</u>
Residency Program Type:	<input type="checkbox"/> PMSR – Podiatric Medicine and Surgery Residency <input checked="" type="checkbox"/> PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
Does the Sponsoring Facility:	Yes	No
(a) Meet the general (institutional) requirements of the ACGME?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b) Have a Director of Medical Education?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) Provide residents emergency medical training through ER rotations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) Measure & evaluate progress of residents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) Measure & evaluate program effectiveness?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Approved by the Council on Podiatric Medical Education?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date of Last CPME site visit: <u>SEP 16 2015</u>		
Signatures: <u>Brian G Mills MD</u>		
Program Director:		
Printed Name: <u>Brian G Mills MD</u>		
Date: <u>5/1/19</u>	Phone: <u>909-825-7084</u>	Email: <u>Brian.Mills@VA.GOV</u>
Director of Medical Education: <u>John M. Byrne MD</u>		
Printed Name: <u>JOHN M. BYRNE, MD</u>		
Date: <u>5/3/2019</u>	Phone: <u>909-583-6004</u>	Email: <u>JOHN.BYRNE3@VA.GOV</u>
Facility / Hospital Administrator: <u>Karandeep S. Sraon</u>		
Printed Name: <u>Karandeep S. Sraon</u> Director		
Date: <u>5/8/2019</u>	Phone: <u>909-583-6005</u>	Email: <u>KARANDEEP.SRAON@VA.GOV</u>



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**Application for Approval  
Residency Programs in California  
Academic Year 2019-2020**

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<b>Sponsoring Facility:</b> Fountain Valley Regional Hospital & Medical Center		
<b>Address:</b> 17100 Euclid Street, FV, CA 92708		
<b>Phone:</b> 714 966 7200	<b>Email:</b>	
<b>Residency Program Type:</b>	PMSR – Podiatric Medicine and Surgery Residency	
	<input checked="" type="checkbox"/> PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
<b>Does the Sponsoring Facility:</b>	Yes	No
(a) Meet the general (institutional) requirements of the ACGME?	<input checked="" type="checkbox"/>	
(b) Have a Director of Medical Education?	<input checked="" type="checkbox"/>	
(c) Provide residents emergency medical training through ER rotations?	<input checked="" type="checkbox"/>	
(d) Measure & evaluate progress of residents?	<input checked="" type="checkbox"/>	
(e) Measure & evaluate program effectiveness?	<input checked="" type="checkbox"/>	
<b>Approved by the Council on Podiatric Medical Education?</b> <input checked="" type="checkbox"/>		
<b>Date of Last CPME site visit:</b> November 2018		
<b>Signatures:</b>		
<b>Program Director:</b> Benedict Ching		
<b>Printed Name:</b> Benedict Ching		
<b>Date:</b> 4/3/19	<b>Phone:</b> 714 861 4637	<b>Email:</b> bchching@gmail.com
<b>Director of Medical Education:</b> [Signature]		
<b>Printed Name:</b> Benedict Ching		
<b>Date:</b> 4/3/19	<b>Phone:</b> 714 861 4637	<b>Email:</b> bchching@gmail.com
<b>Facility / Hospital Administrator:</b> [Signature]		
<b>Printed Name:</b> Kenneth D. McFarland		
<b>Date:</b> 4/9/19	<b>Phone:</b>	<b>Email:</b>

2005 Evergreen Street, Suite 1300 | Sacramento, CA 95815-3831 | P (916) 263-2647 | F (916) 263-2651  
www.bpm.ca.gov





California State Board of Podiatric Medicine  
1000 North Main Street  
Sacramento, CA 95833

**Application for Approval  
Residency Programs in California  
Academic Year 2019-2020**

BPM 150000 4 24 2019

**Please complete the application and return to our office no later than May 1, 2019.**

If your institution offers more than one type of podiatric residency program, please use a separate application for each program. The Board will not issue a Resident's License to any resident participating in an Institution's residency program until the residency program application has been submitted and approved by the Board and the resident has met all necessary requirements. Unlicensed residents participating in programs that are not approved by BPM may subject the institution to a Citation and Fine.

<b>Sponsoring Facility:</b> Kaiser Foundation Hospital - Oakland		
<b>Address:</b> 275 MacArthur Blvd, Oakland, CA 94611		
<b>Phone:</b> 510-752-6905	<b>Email:</b> Christy.M.King@kp.org	
<b>Residency Program Type:</b>	<input type="checkbox"/> PMSR - Podiatric Medicine and Surgery Residency <input checked="" type="checkbox"/> PMSR / RRA - Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
<b>Does the Sponsoring Facility:</b>	<b>Yes</b>	<b>No</b>
(a) Meet the general (institutional) requirements of the ACGME?	<input checked="" type="checkbox"/>	
(b) Have a Director of Medical Education?	<input checked="" type="checkbox"/>	
(c) Provide residents emergency medical training through ER rotations?	<input checked="" type="checkbox"/>	
(d) Measure & evaluate progress of residents?	<input checked="" type="checkbox"/>	
(e) Measure & evaluate program effectiveness?	<input checked="" type="checkbox"/>	
<b>Approved by the Council on Podiatric Medical Education?</b>	<input checked="" type="checkbox"/>	
<b>Date of Last CPME site visit:</b> March 2014		
<b>Signatures:</b>		
<b>Program Director:</b> <i>Christy King</i>		
<b>Printed Name:</b> Christy King	<b>Date:</b> 4/4/19	<b>Phone:</b> 510-752-6905 <b>Email:</b> Christy.M.King@kp.org
<b>Director of Medical Education:</b> <i>Nardine Riegle</i>		
<b>Printed Name:</b> Nardine Riegle, MD	<b>Date:</b> 4/4/2019	<b>Phone:</b> 510-752-2433 <b>Email:</b> nardine.s.riegle@kp.org
<b>Facility / Hospital Administrator:</b> <i>Jeffrey A. Collins</i>		
<b>Printed Name:</b> Jeffrey A. Collins	<b>Date:</b> 4/4/19	<b>Phone:</b> 510-752-2972 <b>Email:</b> Jeff.A.Collins@kp.org



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OFFICE OF THE GOVERNOR

## Application for Approval Residency Programs in California Academic Year 2019-2020

**Please complete the application and return to our office no later than May 1, 2019.**

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<b>Sponsoring Facility:</b> <u>Kaiser Sacramento Valley</u>			
<b>Address:</b> <u>1600 Eureka Rd. Roseville CA 95651</u>			
<b>Phone:</b> <u>916 784-4157</u>		<b>Email:</b> <u>geoffrey.L.baggers@kp.org</u>	
<b>Residency Program Type:</b>	<input type="checkbox"/>	PMSR – Podiatric Medicine and Surgery Residency	
	<input checked="" type="checkbox"/>	PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
<b>Does the Sponsoring Facility:</b>			Yes      No
(a) Meet the general (institutional) requirements of the ACGME?			<u>X</u>
(b) Have a Director of Medical Education?			<u>X</u>
(c) Provide residents emergency medical training through ER rotations?			<u>X</u>
(d) Measure & evaluate progress of residents?			<u>X</u>
(e) Measure & evaluate program effectiveness?			<u>X</u>
<b>Approved by the Council on Podiatric Medical Education?</b>			<u>X</u>
<b>Date of Last CPME site visit:</b> <u>June 9, 2017</u>			
<b>Signatures:</b>			
<b>Program Director:</b> <u>[Signature]</u>			
<b>Printed Name:</b> <u>Geoffrey L. Baggers</u>			
<b>Date:</b> <u>4/9/2019</u>		<b>Phone:</b> <u>916-784-4157</u>	<b>Email:</b> <u>geoffrey.L.baggers@kp.org</u>
<b>Director of Medical Education:</b> <u>[Signature]</u>			
<b>Printed Name:</b> <u>Hillary Campbell MD</u>			
<b>Date:</b> <u>4/17/19</u>		<b>Phone:</b> <u>916 614 4040</u>	<b>Email:</b> <u>Hillary.Z.Campbell@kp.org</u>
<b>Facility / Hospital Administrator:</b> <u>[Signature]</u>			
<b>Printed Name:</b> <u>Cassandra Sharon</u>			
<b>Date:</b> <u>4/19/19</u>		<b>Phone:</b> <u>916-973-6045</u>	<b>Email:</b> <u>Sandy.Sharon@kp.org</u>

## ATTACHMENT C

STATE OF CALIFORNIA  
BOARD OF  
PODIATRIC  
MEDICINE



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Governor

Application for Approval  
Residency Programs in California  
Academic Year 2019-2020

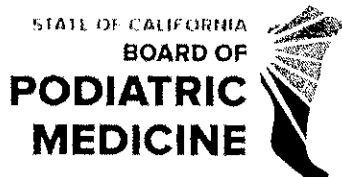
BPM 1000000 3-2-20

Please complete the application and return to our office no later than May 1, 2019.

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Sponsoring Facility: KAUFER PERMANENTE SANTA CLARA		
Address: 710 LAWRENCE EXWY # 140 SANTA CLARA CA 95151		
Phone: 408 851-1957	Email: CRISTIAN.NEAGU@kp.org	
Residency Program Type:	<input type="checkbox"/> PMSR - Podiatric Medicine and Surgery Residency <input checked="" type="checkbox"/> PMSR / RRA - Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
Does the Sponsoring Facility:	Yes	No
(a) Meet the general (institutional) requirements of the ACGME?	<input checked="" type="checkbox"/>	
(b) Have a Director of Medical Education?	<input checked="" type="checkbox"/>	
(c) Provide residents emergency medical training through ER rotations?	<input checked="" type="checkbox"/>	
(d) Measure & evaluate progress of residents?	<input checked="" type="checkbox"/>	
(e) Measure & evaluate program effectiveness?	<input checked="" type="checkbox"/>	
Approved by the Council on Podiatric Medical Education?	<input checked="" type="checkbox"/>	
Date of Last CPME site visit: 3/2014		
Signatures:		
Program Director: <i>[Signature]</i>		
Printed Name: CRISTIAN NEAGU DPM		
Date: 4.16.2019	Phone: 408 851-1957	Email: Cristian.Neagu@kp.org
Director of Medical Education: <i>[Signature]</i>		
Printed Name: Danny Sam, MD		
Date: 4/19/2019	Phone: 408-851-3830	Email: danny.sam@kp.org
Facility / Hospital Administrator: <i>[Signature]</i>		
Printed Name: CHRIS BOYD		
Date: 4/17/2019	Phone: 408 . 851 . 4120	Email: chris.l.boyd@kp.org





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**Application for Approval  
Residency Programs in California  
Academic Year 2019-2020**

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<b>Sponsoring Facility:</b> Kaiser Permanente Medical Center Vallejo		
<b>Address:</b> 975 Sereno Drive		
<b>Phone:</b> 707-651-5033		<b>Email:</b> Rey.L.Amador@kp.org
<b>Residency Program Type:</b>	<input type="checkbox"/>	PMSR – Podiatric Medicine and Surgery Residency
	<input checked="" type="checkbox"/>	PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle
<b>Does the Sponsoring Facility:</b>	Yes	No
(a) Meet the general (institutional) requirements of the ACGME?	<input checked="" type="checkbox"/>	
(b) Have a Director of Medical Education?	<input checked="" type="checkbox"/>	
(c) Provide residents emergency medical training through ER rotations?	<input checked="" type="checkbox"/>	
(d) Measure & evaluate progress of residents?	<input checked="" type="checkbox"/>	
(e) Measure & evaluate program effectiveness?	<input checked="" type="checkbox"/>	
<b>Approved by the Council on Podiatric Medical Education?</b>	<input checked="" type="checkbox"/>	
<b>Date of Last CPME site visit:</b> 12/2018		
<b>Signatures:</b>		
<b>Program Director:</b>		
<b>Printed Name:</b> Gray Williams, DPM		
<b>Date:</b> 4/3/2019	<b>Phone:</b> 707-651-3338	<b>Email:</b> gray.williams@kp.org
<b>Director of Medical Education:</b>		
<b>Printed Name:</b> Kathryn Holder, MD		
<b>Date:</b> 4/9/2019	<b>Phone:</b> 707-651-4606	<b>Email:</b> kathryn.k.holder@kp.org
<b>Facility / Hospital Administrator:</b>		
<b>Printed Name:</b> Norair Jemjemian		
<b>Date:</b> 4/24/2019	<b>Phone:</b>	<b>Email:</b> norair.jemjemian@kp.org

STATE OF CALIFORNIA  
BOARD OF  
**PODIATRIC  
MEDICINE**



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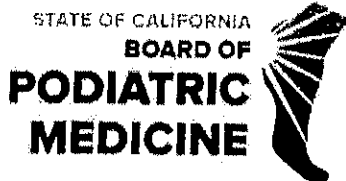
BPM YSRPR 5 pr 1:49

**Application for Approval  
Residency Programs in California  
Academic Year 2019-2020**

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Sponsoring Facility: LAKEWOOD REGIONAL MEDICAL CENTER		
Address: 3700 E SOUTH ST, LAKEWOOD, CA 90712		
Phone: 562-602-5015	Email: CAROL.MAMMOLITE@TELETHEALTH.COM	
Residency Program Type:	PMSR - Podiatric Medicine and Surgery Residency	
	<input checked="" type="checkbox"/> PMSR / RRA - Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
Does the Sponsoring Facility:	Yes	No
(a) Meet the general (institutional) requirements of the ACGME?	<input checked="" type="checkbox"/>	
(b) Have a Director of Medical Education?	<input checked="" type="checkbox"/>	
(c) Provide residents emergency medical training through ER rotations?	<input checked="" type="checkbox"/>	
(d) Measure & evaluate progress of residents?	<input checked="" type="checkbox"/>	
(e) Measure & evaluate program effectiveness?	<input checked="" type="checkbox"/>	
Approved by the Council on Podiatric Medical Education?		
<input checked="" type="checkbox"/>		
Date of Last CPME site visit: 12-14-2017		
Signatures:		
Program Director:		
Printed Name: LAWRENCE HOOR, DPM		
Date: 04-03-2019	Phone: 562-804-1381	Email: LH0002@VERIZON.NET
Director of Medical Education:		
Printed Name: Vikram Konyal MD		
Date: 4-4-19	Phone: 562 598 6700	Email: VKonyal@yahoo.com
Facility / Hospital Administrator:		
Printed Name: John Graham		
Date: 4/4/19	Phone: 562-602-6751	Email: John.grah@TenetHealth.com



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**Application for Approval  
Residency Programs in California  
Academic Year 2019-2020**

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<b>Sponsoring Facility:</b> Long Beach Memorial Medical Center		
<b>Address:</b> 2801 Atlantic Ave Long Beach, CA 90806		
<b>Phone:</b> 562-933-3800	<b>Email:</b> Pedram98@yahoo.com	
<b>Residency Program Type:</b>	<input type="checkbox"/> PMSR – Podiatric Medicine and Surgery Residency <input checked="" type="checkbox"/> PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
<b>Does the Sponsoring Facility:</b>	Yes	No
(a) Meet the general (institutional) requirements of the ACGME?	<input checked="" type="checkbox"/>	
(b) Have a Director of Medical Education?	<input checked="" type="checkbox"/>	
(c) Provide residents emergency medical training through ER rotations?	<input checked="" type="checkbox"/>	
(d) Measure & evaluate progress of residents?	<input checked="" type="checkbox"/>	
(e) Measure & evaluate program effectiveness?	<input checked="" type="checkbox"/>	
<b>Approved by the Council on Podiatric Medical Education?</b>	<input checked="" type="checkbox"/>	
<b>Date of Last CPME site visit:</b> 12/15/2017		
<b>Signatures:</b>		
<b>Program Director:</b>		
<b>Printed Name:</b> Pedram Aslmand, DPM		
<b>Date:</b> 4/4/2019	<b>Phone:</b> 562-426-0376	<b>Email:</b> Pedram98@yahoo.com
<b>Director of Medical Educ:</b>		
<b>Printed Name:</b> Michael Nageotte, MD		
<b>Date:</b> 4/24/19	<b>Phone:</b> 562-933-3800	<b>Email:</b> mNageotte@memorialcare.org
<b>Facility / Hospital Administrator:</b>		
<b>Printed Name:</b> Adrian Ramos, MD		
<b>Date:</b> 4/22/19	<b>Phone:</b> 562-933-3800	<b>Email:</b> aramos2@memorialcare.org



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Governor

### Application for Approval Residency Programs in California Academic Year 2019-2020

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<b>Sponsoring Facility:</b> <u>St. Mary's Medical Center</u>		
<b>Address:</b> <u>450 Stanyan St. SAN FRANCISCO, CA 94117</u>		
<b>Phone:</b> <u>415 750 5782</u>	<b>Email:</b> <u>ayana.matthews@dignityhealth.org</u>	
<b>Residency Program Type:</b>	<input type="checkbox"/> PMSR – Podiatric Medicine and Surgery Residency	
	<input checked="" type="checkbox"/> PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
<b>Does the Sponsoring Facility:</b>	Yes	No
(a) Meet the general (institutional) requirements of the ACGME?	<input checked="" type="checkbox"/>	
(b) Have a Director of Medical Education?	<input checked="" type="checkbox"/>	
(c) Provide residents emergency medical training through ER rotations?	<input checked="" type="checkbox"/>	
(d) Measure & evaluate progress of residents?	<input checked="" type="checkbox"/>	
(e) Measure & evaluate program effectiveness?	<input checked="" type="checkbox"/>	
<b>Approved by the Council on Podiatric Medical Education?</b>	<input checked="" type="checkbox"/>	
<b>Date of Last CPME site visit:</b> <u>2016</u>		
<b>Signatures:</b> <u>[Signature]</u>		
<b>Program Director:</b>		
<b>Printed Name:</b> <u>Lawrence Oloff DPM</u>		
<b>Date:</b> <u>5/2/19</u>	<b>Phone:</b> <u>415-750-5782</u>	<b>Email:</b> <u>lmop11@comcast.net</u>
<b>Director of Medical Education:</b> <u>[Signature]</u>		
<b>Printed Name:</b> <u>Terrie Mendelson MD</u>		
<b>Date:</b> <u>7/30/2019</u>	<b>Phone:</b> <u>415 750 5781</u>	<b>Email:</b> <u>terrie.mendelson@dignityhealth.org</u>
<b>Facility / Hospital Administrator:</b> <u>[Signature]</u>		
<b>Printed Name:</b> <u>John Allen</u>		
<b>Date:</b> <u>4/30/19</u>	<b>Phone:</b> <u>(415) 750-5798</u>	<b>Email:</b> <u>john.allen@dignityhealth.org</u>



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APR 03 2019

MEDICAL EDUCATION  
SCRIPPS MERCY HOSPITAL

Application for Approval  
Residency Programs in California  
Academic Year 2019-2020

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Sponsoring Facility: <u>Scripps Mercy Hospital San Diego</u>		
Address: <u>4077 Fifth Avenue, MER35, San Diego, CA 92103</u>		
Phone: <u>(619) 260-7220</u>	Email: <u>Green.Donald@scrippshealth.org</u>	
Residency Program Type:	<input type="checkbox"/> PMSR – Podiatric Medicine and Surgery Residency <input checked="" type="checkbox"/> PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
Does the Sponsoring Facility:	Yes	No
(a) Meet the general (Institutional) requirements of the ACGME?	<input checked="" type="checkbox"/>	
(b) Have a Director of Medical Education?	<input checked="" type="checkbox"/>	
(c) Provide residents emergency medical training through ER rotations?	<input checked="" type="checkbox"/>	
(d) Measure & evaluate progress of residents?	<input checked="" type="checkbox"/>	
(e) Measure & evaluate program effectiveness?	<input checked="" type="checkbox"/>	
Approved by the Council on Podiatric Medical Education? <input checked="" type="checkbox"/>		
Date of Last CPME site visit: <u>6/9/2017</u>		
Signatures:		
Program Director: <u>Donald Green, D.P.M.</u>		
Printed Name: <u>Donald Green, D.P.M.</u>		
Date: <u>4/12/19</u>	Phone: <u>(619) 260-7220</u>	Email: <u>Green.Donald@scrippshealth.org</u>
Director of Medical Education: <u>David Shaw, M.D.</u>		
Printed Name: <u>David Shaw, M.D.</u>		
Date: <u>4/12/19</u>	Phone: <u>(619) 260-7220</u>	Email: <u>Shaw.David@scrippshealth.org</u>
Facility / Hospital Administrator: <u>Tom Gammiere</u>		
Printed Name: <u>Thomas A. Gammiere</u>		
Date: <u>4/12/19</u>	Phone: <u>(619) 260-7101</u>	Email: <u>Gammiere.Tom@scrippshealth.org</u>





Edmund G. Brown Jr.  
Governor

### Application for Approval Residency Programs in California Academic Year 2019-2020

Please complete the application and return to our office no later than May 1, 2019.

If your institution offers more than one type of podiatric residency program, please use a separate application for each program. The Board will not issue a Resident's License to any resident participating in an institution's residency program until the residency program application has been submitted and approved by the Board and the resident has met all necessary requirements. Unlicensed residents participating in programs that are not approved by BPM may subject the institution to a Citation and Fine.

Sponsoring Facility: Scripps Memorial Hospital Encinitas		
Address: 384 Scripps Fe Drive, Encinitas CA 92924		
Phone: 760.633.6776	Email: c/e - brandfield, lenna@scrippshealth.org	
Residency Program Type:	PMSR - Podiatric Medicine and Surgery Residency	
	<input checked="" type="checkbox"/> PMSR / RRA - Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
Does the Sponsoring Facility:	Yes	No
(a) Meet the general (institutional) requirements of the ACGME?	<input checked="" type="checkbox"/>	
(b) Have a Director of Medical Education?	<input checked="" type="checkbox"/>	
(c) Provide residents emergency medical training through ER rotations?	<input checked="" type="checkbox"/>	
(d) Measure & evaluate progress of residents?	<input checked="" type="checkbox"/>	
(e) Measure & evaluate program effectiveness?	<input checked="" type="checkbox"/>	
Approved by the Council on Podiatric Medical Education?		
<input checked="" type="checkbox"/>		
Date of Last CPME site visit: 5/2014		
Signatures:		
Program Director:		
Printed Name: Keenan Carrero, DPM		
Date: 4/12/19	Phone: (760) 642-7009	Email: carrero.dpm@gmail.com
Director of Medical Education:		
Printed Name: RANDALL GOSKOWICZ, M.D.		
Date: 4/16/19	Phone: 888-204-0805	Email: goskowicz.randall@gmail.com
Facility / Hospital Administrator:		
Printed Name: Scott Eisman, MD		
Date: 4/12/19	Phone:	Email: Eisman, Scott@scrippshealth.org



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BPM 12APR12 4:01PM

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<b>Sponsoring Facility:</b> <u>Silver Lake Medical Center</u>			
<b>Address:</b> <u>1711 W. Temple Street Los Angeles, Ca. 90026</u>			
<b>Phone:</b> <u>213 989-6100</u>		<b>Email:</b>	
<b>Residency Program Type:</b>		<input type="checkbox"/> PMSR – Podiatric Medicine and Surgery Residency <input checked="" type="checkbox"/> PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
<b>Does the Sponsoring Facility:</b>		Yes	No
(a) Meet the general (institutional) requirements of the ACGME?		✓	
(b) Have a Director of Medical Education?		✓	
(c) Provide residents emergency medical training through ER rotations?		✓	
(d) Measure & evaluate progress of residents?		✓	
(e) Measure & evaluate program effectiveness?		✓	
<b>Approved by the Council on Podiatric Medical Education?</b>			
<b>Date of Last CPME site visit:</b>		<u>2014</u>	
<b>Signatures:</b>			
<b>Program Director:</b> <u>[Signature]</u>			
<b>Printed Name:</b> <u>Alan Snyder</u>			
<b>Date:</b> <u>4/4/19</u>	<b>Phone:</b> <u>323 666 5585</u>	<b>Email:</b> <u>asnyder@9med.com</u>	
<b>Director of Medical Education:</b> <u>[Signature]</u>			
<b>Printed Name:</b> <u>Cesar Palanca MD</u>			
<b>Date:</b> <u>4/4/19</u>	<b>Phone:</b> <u>(562) 896-4428</u>	<b>Email:</b> <u>cpalanca MD@gmail.com</u>	
<b>Facility / Hospital Administrator:</b> <u>[Signature]</u>			
<b>Printed Name:</b> <u>George WATKINS</u>			
<b>Date:</b> <u>4-3-19</u>	<b>Phone:</b> <u>213-999-6128</u>	<b>Email:</b> <u>George.WATKINS@LA DOWNTOWN MC.com</u>	



**Application for Approval  
Residency Programs in California  
Academic Year 2019-2020**

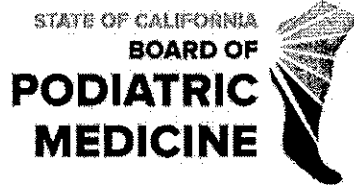
DPM \*1099019 \*402484

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<b>Sponsoring Facility:</b> West Covina Medical Center			
<b>Address:</b> 725 S. Orange Ave., West Covina, CA 91790			
<b>Phone:</b> (626) 338-8481		<b>Email:</b> Administration@westcovinamc.com	
<b>Residency Program Type:</b>	PMSR – Podiatric Medicine and Surgery Residency		
	<input checked="" type="checkbox"/> PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle		
<b>Does the Sponsoring Facility:</b>		Yes	No
(a) Meet the general (institutional) requirements of the ACGME?		<input checked="" type="checkbox"/>	
(b) Have a Director of Medical Education?		<input checked="" type="checkbox"/>	
(c) Provide residents emergency medical training through ER rotations?		<input checked="" type="checkbox"/>	
(d) Measure & evaluate progress of residents?		<input checked="" type="checkbox"/>	
(e) Measure & evaluate program effectiveness?		<input checked="" type="checkbox"/>	
<b>Approved by the Council on Podiatric Medical Education?</b>		<input checked="" type="checkbox"/>	
<b>Date of Last CPME site visit:</b> 11/08/2018			
<b>Signatures:</b>			
<b>Program Director:</b>			
<b>Printed Name:</b> Babak Alavynejad, DPM, FACFAS			
<b>Date:</b> 4-16-19		<b>Phone:</b> (626) 338-1800	<b>Email:</b> DrAlavy@yahoo.com
<b>Director of Medical Education:</b>			
<b>Printed Name:</b> Babak Alavynejad, DPM, FACFAS			
<b>Date:</b> 4-16-19		<b>Phone:</b> (626) 338-8481	<b>Email:</b> DrAlavy@yahoo.com
<b>Facility / Hospital Administrator:</b>			
<b>Printed Name:</b> Gerald Wallman			
<b>Date:</b> 4/9/19		<b>Phone:</b> (626) 502-1970	<b>Email:</b> Administration@westcovinamc.com





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BPM MEMPHIS 2018

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<b>Sponsoring Facility:</b> Adventist Health White Memorial		
<b>Address:</b> 1720 Cesar E. Chavez Ave, Los Angeles, CA 90033		
<b>Phone:</b> 323-260-5781	<b>Email:</b> podiatricri@yahoo.com	
<b>Residency Program Type:</b>	<input type="checkbox"/> PMSR – Podiatric Medicine and Surgery Residency	
	<input checked="" type="checkbox"/> PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
<b>Does the Sponsoring Facility:</b>	Yes	No
(a) Meet the general (institutional) requirements of the ACGME?	X	
(b) Have a Director of Medical Education?	X	
(c) Provide residents emergency medical training through ER rotations?	X	
(d) Measure & evaluate progress of residents?	X	
(e) Measure & evaluate program effectiveness?	X	
<b>Approved by the Council on Podiatric Medical Education?</b>	X	
<b>Date of Last CPME site visit:</b> 11/9/18		
<b>Signatures:</b>		
<b>Program Director:</b>		
<b>Printed Name:</b> Stanley K. Mathis, DPM		
<b>Date:</b> 4-3-19	<b>Phone:</b> 323-987-1362	<b>Email:</b> podiatricri@yahoo.com
<b>Director of Medical Education:</b>		
<b>Printed Name:</b> Stephanie Gates, M.Ed.		
<b>Date:</b> 4/10/19	<b>Phone:</b> 323-260-5781	<b>Email:</b> GatesSE@ah.org
<b>Facility / Hospital Administrator:</b>		
<b>Printed Name:</b> John Raffoul, CEO		
<b>Date:</b> 4/8/19	<b>Phone:</b> 323-268-5000	<b>Email:</b> RaffoulJG@ah.org